

**BASELINE EVALUATION OF STANDARDS FOR PUBLIC HEALTH IN WASHINGTON STATE  
OPERATIONAL GUIDE AND SELF-ASSESSMENT TOOL**

**LOCAL HEALTH JURISDICTION VERSION**

***Introduction***

This operational guide and self-assessment tool is intended for use by Washington State local public health jurisdictions (LHJs) to assist in the assessment and documentation of compliance with the Standards for Public Health. A similar document has been developed for DOH programs to assess their compliance with the standards. The standards comprise a clear picture of what should be in place—a single set of standards that must be met in every part of the state—providing a “whole picture” of the governmental public health system. While many of the measures can be met by each LHJ, some may be met in the future by DOH programs or LHJs joining forces, or through a focused statewide effort over time.

This tool is set up in table format to facilitate the completion of the self-assessment. In the first column of the table, the code or number of the measure is indicated. The measures relating to each standard are listed in the second column. The third column contains a listing of the requirements that must be met and a description of some of the types of documentation that could be used to show compliance with the measure. Since each measure may have various ways to document compliance, this list is not comprehensive but it describes several mechanisms. LHJ staff should use the fourth column to list the documents that demonstrate how the LHJ meets the measure. There does NOT need to be documentation for every program within the LHJ. Please include only the documents that are your selected examples to demonstrate LHJ performance against the measure.

**Instructions:** Review the measure, requirements, and some of the potential ways to document compliance with the measure. Please note that some of the requirements contain the word **AND** in bold print. This indicates, for example, that compliance requires a policy or procedure **AND** documentation of the implementation of the policy or procedure. Complete the fourth column by listing the documents that will be used during the site visit to demonstrate how the site meets each measure. Thank you, in advance, for your participation in the baseline evaluation.

Complete the self-assessment guide in its entirety by close of business on July 29, 2002 and return either electronically, by fax, or hard copy to:

MCPP Healthcare Consulting, Inc.  
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## **LOCAL HEALTH JURISDICTION PROFILE**

**Name:**  
**Address:**

**Phone:**  
**Email:**  
**Fax:**

**Person completing the Self-Assessment:**

**Phone:**

**Other Key Contacts:**   1)  
                                  2)  
                                  3)

**Phone:**  
**Phone:**  
**Phone:**

**Population of service area:**

**Size of service area in sq. miles:**

**Special characteristics of service area or population:**

## Understanding Health Issues: Standards for Public Health Assessment

*ASSESSMENT Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.*

	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AS 1 <b>1</b> AS L 1.2.1	Current information on health issues affecting the community is readily accessible, including standardized quantitative and qualitative data.	Compliance with this measure can be demonstrated through: ❖ Report or analysis with 2001 data on more than 1 health issue affecting the community, including both standardized quantitative and qualitative data, <b>AND</b> ❖ Documentation of how the information is accessible to the community.	
AS 1 <b>2</b> AS L 1.4.2	There is a written procedure describing how and where to obtain technical assistance on assessment issues.	Compliance with this measure can be demonstrated through: ❖ Written description of source, e.g. dept. and phone number, and process to follow to obtain assistance or consultation.	
AS 1 <b>3</b> AS L 1.5.3	Goals and objectives are established for assessment activities as a part of LHJ planning, and staff or outside assistance is identified to perform the work.	Compliance with this measure can be demonstrated through: ❖ Any documentation of LHJ plans that include G&O for assessment, e.g. annual work plan, annual report, goals or responsibility matrix, or leadership group minutes, <b>AND</b> ❖ Documentation of responsible staff.	

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<p>AS 1 <b>4</b></p> <p>AS L 1.6.4</p>	<p>Information on health issues affecting the community is updated regularly and includes information on communicable disease, environmental health and data about health status. Data being tracked have standard definitions, and standardized qualitative or quantitative measures are used. Computer hardware and software is available to support word processing, spreadsheets, with basic analysis capabilities, databases and Internet access.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Documentation, through reports or spreadsheets, with 2001 data on health issues affecting the community on communicable disease, environmental health and data about health status, <b>AND</b></li> <li>❖ Documentation defining and describing the qualitative and quantitative measures, such as a data dictionary, <b>AND</b></li> <li>❖ Evidence, such as a capital assets list or list of available software, that supports the following functions: <ul style="list-style-type: none"> <li>a) Word processing,</li> <li>b) Spreadsheets with basic analysis capabilities,</li> <li>c) Databases, and</li> <li>d) Internet access.</li> </ul> </li> </ul>	
<p>AS 1 <b>5</b></p> <p>AS L 1.7.5</p>	<p>Staff who perform assessment activities have documented training and experience in epidemiology, research, and data analysis. Attendance at training and peer exchange opportunities to expand available assessment expertise is documented.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Listing of staff with required skills, or personnel file checklists regarding required skills, <b>AND</b></li> <li>❖ Meeting minutes showing attendance and topics of training or peer exchange events, or</li> <li>❖ Training logs, CE tracking sheets.</li> </ul> <p>Consultants will review documentation to assure that all 3 types of skills are included.</p>	

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*ASSESSMENT Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AS 2 <b>1</b> AS L 2.2.1	Assessment data is provided to community groups and representatives of the broader community for review and identification of emerging issues that may require investigation.	Compliance with this measure can be demonstrated through: ❖ Documentation defining and listing community groups and stakeholders, <b>AND</b> ❖ Meeting minutes or packets, action plans, or summary reports for a stakeholder group indicate the review of health assessment information, and evidence of the community groups' use of the assessment data to identify emerging issues.	
AS 2 <b>2</b> AS L 2.3.2	The Board of Health receives information on local health indicators at least annually.	Compliance with this measure can be demonstrated through: ❖ Meeting minutes or packets, or summary reports for the BOH that indicate the review of health assessment information within last 12 months.	
AS 2 <b>3</b> AS L 2.4.3	Assessment procedures describe how population level investigations are carried out for documented or emerging health issues and problems.	Compliance with this measure can be demonstrated through: ❖ Protocols or description of process used to investigate health issues or problems, e.g. how issue and	

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		measurement data are defined, when and how data are gathered, analysis tools and process, and reporting methods and timeframes.	
AS 2 <b>4</b> AS L 2.5.4	Assessment investigations of changing or emerging health issues are part of the LHJ's annual goals and objectives.	Compliance with this measure can be demonstrated through: ❖ Any documentation of LHJ plans that include G&O for investigations of health issues or problems, e.g. annual work plan, annual report, goals or responsibility matrix, or leadership group minutes.	
AS 2 <b>5</b> AS L 2.6.5	A core set of health status indicators, which may include selected local indicators, is used as the basis for continuous monitoring of the health status of the community. A surveillance system using monitoring data is maintained to signal changes in priority health issues.	Compliance with this measure can be demonstrated through: ❖ Reports or listing of the core set of indicators used by the LHJ, <b>AND</b> ❖ Documentation showing measurement of priority issues to monitor for changes within the last 12 months.	

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*ASSESSMENT Standard 3: Public health program results are evaluated to document effectiveness.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AS 3 <b>1</b> AS L 3.3.1	The annual report to the BOH includes progress toward program goals.	Compliance with this measure can be demonstrated through: ❖ Reports made to the BOH within last 12 months include statements of annual progress toward goals of LHJ programs.	
AS 3 <b>2</b> AS L 3.5.2	There is a written procedure for using appropriate data to evaluate program effectiveness. Programs, whether provided directly or contracted, have written goals, objectives, and performance measures, and are based on relevant research.	Compliance with this measure can be demonstrated through: ❖ Procedure or description of process for program evaluation includes description of the measures that are monitored, e.g. when and how data are gathered, who reviews the performance data and how frequently, <b>AND</b> ❖ Program descriptions state program goals, objectives, and performance measures, and references for research, such as literature search, or use of experts.	
AS 3 <b>3</b> AS L 3.5.3	Program performance measures are monitored, the data is analyzed, and regular reports document the progress towards goals.	Compliance with this measure can be demonstrated through: ❖ Reports, summaries of analysis, or meeting minutes and materials demonstrate program monitoring activities and results (within last 12 months).	

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		Consultants will evaluate extent to which monitoring evaluates stated program goals and performance measures.	
AS 3 <b>4</b> AS L 3.7.4	LHJ program staff have training in methods to evaluate performance against goals and assess program effectiveness.	Compliance with this measure can be demonstrated through: ❖ Meeting minutes, training logs, or CE tracking sheets showing attendance and topics of training in methods of performance evaluation.	
AS 3 <b>5</b> AS L 3.8.5	Changes in activities that are based on analysis of key indicator data or performance measurement data are summarized as a part of quality improvement activities.	Compliance with this measure can be demonstrated through: ❖ Quality improvement work plan, action plans to improve performance or other documentation demonstrates use of performance monitoring data to make program changes.	

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*ASSESSMENT Standard 4: Health policy decisions are guided by health assessment information, with involvement of representative community members.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AS 4 <b>1</b> AS L 4.2.1	There is documentation of community involvement in the process of reviewing data and recommending action such as further investigation, new program effort or policy direction.	Compliance with this measure can be demonstrated through: ❖ Minutes of meetings or committee/task force charters showing persons from the community as members, with agendas, or documentation of forums, focus groups, or telephone surveys indicating community involvement in recommending investigations, new program activities.	
AS 4 <b>2</b> AS L 4.3.2	The annual report to the BOH summarizes assessment data, including environmental health, and the recommended actions for health policy decisions as evidenced through program, budget, and grant applications.	Compliance with this measure can be demonstrated through: ❖ Report (within last 12 months) to the BOH includes: ❖ Summary of assessment data, <b>AND</b> , ❖ Grant proposals, assessment report recommendations or project statements, or ❖ Specific budget changes that fund health policy decisions as shown in policy statements or budget provisos.	

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AS 4 <b>3</b> AS L 4.4.3	There is a written protocol for developing recommendations for action using health assessment information to guide health policy decisions.	Compliance with this measure can be demonstrated through: ❖ Protocol or description of the process used to develop recommended actions which include when and how data are gathered, who reviews the data and how frequently, the process for drawing conclusions, and how linked to health policy decisions.	
AS 4 <b>4</b> AS L 4.5.4	Key indicator data and related recommendations are used in evaluating goals and objectives.	Compliance with this measure can be demonstrated through: ❖ Program evaluation summaries, progress reports, summaries of analysis, or meeting minutes and materials demonstrate that key indicator data are used as part of the program evaluation process.	

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*ASSESSMENT Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AS 5 <b>1</b> AS L 5.2.1	Community members and stakeholders that receive data have demonstrated agreement to comply with confidentiality policies and practices, as appropriate.	Compliance with this measure can be demonstrated through: ❖ Signed confidentiality agreements or meeting minutes describing community members' responsibility to maintain confidentiality of data.	
AS 5 <b>2</b> AS L 5.4.2	There are written policies regarding confidentiality. Written policies, including data sharing agreements, govern the use, sharing and transfer of data within the LHJ and with partner agencies. Written protocols are followed for assuring protection of data (passwords, firewalls, backup systems) and data systems.	Compliance with this measure can be demonstrated through: ❖ Policy statements delineating the requirements for confidentiality and methods to protect member information that is shared within the LHJ and with partner agencies, <b>AND</b> ❖ Protocol or procedure statement regarding security measures for computer files, <b>AND</b> ❖ Description of a method for assuring that security protocols are followed.	
AS 5 <b>3</b> AS L 5.4.3	All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	Compliance with this measure can be demonstrated through: ❖ Procedures and protocols for data transfer with evidence that they are current, such as approval or revision date, <b>AND</b> ❖ Documents containing data that	

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		have been shared with other agencies showing evidence of use of confidentiality procedures.	
AS 5 <b>4</b> AS L 5.7.4	Employees are trained regarding confidentiality, including those who handle patient information and clinical records, as well as those handling data.	Compliance with this measure can be demonstrated through: ❖ Criteria for identifying staff who work with sensitive information and listing of current staff who meet the criteria, <b>AND</b> ❖ Participant lists or other documentation of staff that received confidentiality training and date of training.	
AS 5 <b>5</b> AS L 5.7.5	All employees and BOH members, as appropriate, have signed confidentiality agreements.	Compliance with measure can be demonstrated through: ❖ Example of employee and of BOH confidentiality agreements, <b>AND</b> ❖ Sample of staff files and of BOH records include appropriate signed statements.	

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## Protecting People from Disease: Standards for Communicable Disease and Other Health Risks

*COMMUNICABLE DISEASE Standard 1: A surveillance and reporting system is maintained to identify emerging health threats.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
CD 1 <b>1</b> CD L 1.1.1	Information is provided on how to contact the LHJ to report a public health concern 24 hours per day. Law enforcement has current local and state 24-hour emergency contact lists.	Compliance with this measure can be demonstrated through: ❖ Published phone number, instruction sheet on when/how to contact, distribution list, and date of last distribution, <b>AND</b> , ❖ Evidence that local law enforcement has been provided with a 24-hour contact list, e.g. cover letter or distribution list	
CD 1 <b>2</b> CD L 1.2.2	Health care providers and laboratories know which diseases require reporting, have timeframes, and have 24-hour local contact information. There is a process for identifying new providers in the community and engaging them in the reporting process.	Compliance with this measure can be demonstrated through: ❖ Documentation of distribution of notifiable diseases reporting requirements and contact information within last 12 months to all providers and local laboratories, <b>AND</b> , ❖ Documentation of process for or evidence of having identified new providers in the community and how they were informed of reporting requirements and process.	

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CD 1 <b>3</b> CD L 1.3.3	The local BOH receives an annual report, one element of which summarizes communicable disease surveillance activity.	Compliance with this measure can be demonstrated through: ❖ 2001 Annual report to the BOH or BOH meeting minutes (within last 12 months) includes data or narrative information on communicable disease surveillance data.	
CD 1 <b>4</b> CD L 1.4.4	Written protocols are maintained for receiving and managing information on notifiable conditions. The protocols include role-specific steps to take when receiving information as well as guidance on providing information to the public.	Compliance with this measure can be demonstrated through: ❖ Written procedures, protocols, or detailed flow chart that describe the receiving and reporting process include a checklist or description of steps for receiving the information, and specific instructions on relaying information to the public, such as who to contact, how to assure accuracy of information, etc.	
CD 1 <b>5</b> CD L 1.5.5	Communicable disease key indicators and implications for investigation, intervention or education efforts are evaluated annually.	Compliance with this measure can be demonstrated through: ❖ Meeting minutes, procedure statements, or reports include a evidence of evaluation of key CD indicators and resulting conclusions and are dated within last 12 months.	
CD 1 <b>6</b> CD L 1.6.6	A communicable disease tracking system is used which documents the initial report, investigation, findings and subsequent reporting to state and	Compliance with this measure can be demonstrated through: ❖ Copies of screen prints or spreadsheets, or logs, or reports	

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	federal agencies.	include all 4 requirements for the CD tracking system from the last 12 months.	
CD 1 <span style="border: 1px solid black; padding: 0 2px;">7</span> CD L 1.7.7	Staff members receive training on communicable disease reporting, as evidenced by local protocols.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation (training logs, CE tracking) of staff training for compliance procedures.	

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*COMMUNICABLE DISEASE Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
CD 2 <b>1</b> CD L 2.1.1	Phone numbers for weekday and after-hours emergency contacts are available to DOH and appropriate local agencies, such as schools and public safety.	Compliance with this measure can be demonstrated through: ❖ Published phone number, instruction sheet on when/how to contact, distribution list, and date of last distribution, or ❖ Policy or procedure statements which include items listed above, <b>AND</b> , ❖ Evidence that local agencies have the weekday and after-hours emergency contact list, e.g. fax receipt notification, number in phone book.	
CD 2 <b>2</b> CD L 2.2.2	A primary contact person or designated phone line for the LHJ is clearly identified in communications to health providers and appropriate public safety officials for reporting purposes.	Compliance with this measure can be demonstrated through: ❖ Documentation noted above must include either the primary contact or a specific LHJ number.	
CD 2 <b>3</b> CD L 2.4.3	Written policies or procedures delineate specific roles and responsibilities within agency divisions for local response and case investigations of disease outbreaks and other health risks.	Compliance with this measure can be demonstrated through: ❖ Policies, procedures, or a detailed flow chart that describes the roles and responsibilities for local response. The roles may include	

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		combinations of and additions to the following: <ul style="list-style-type: none"> <li>o title and contact info for responsible lead and back-up with authority for assigning responsibility,</li> <li>o case investigation</li> <li>o surveillance &amp; methods</li> <li>o communications to and from providers, community, and w/in LHJs</li> </ul>	
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*COMMUNICABLE DISEASE Standard 3: Communicable disease investigation and control procedures are in place and actions documented.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
CD 3 <b>1</b> CD L 3.2.1	Lists of private and public sources for referral to treatment are accessible to LHJ staff.	Compliance with this measure can be demonstrated through: ❖ Lists, either written or electronic, of private and public treatment sources for referral are observed to be easily accessible to staff members.	
CD 3 <b>2</b> CD L 3.2.2	Information is given to local providers through public health alerts and newsletters about managing reportable conditions.	Compliance with this measure can be demonstrated through: ❖ Reports, flyers, or newsletters to providers, including at least a listing of reportable conditions and information on how to manage each of the reportable conditions, <b>AND</b> ❖ Distribution lists and dates of most recent distribution to providers.	
CD 3 <b>3</b> CD L 3.4.3	Communicable disease protocols require that investigation begin within 1 working day, unless a disease-specific protocol defines an alternate time frame. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical	Compliance with this measure can be demonstrated through: ❖ Procedures or protocols that describe the expected time frame for investigation for each communicable disease, and include: • information about the disease, • case investigation steps, • reporting requirements,	

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	management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.	<ul style="list-style-type: none"> <li>• contact and clinical management information, and</li> <li>• referral to care requirements, <b>AND,</b></li> </ul> <ul style="list-style-type: none"> <li>❖ Procedures, protocols, or detailed flowcharts describing the procedure for securing emergency biologics, <b>AND,</b></li> <li>❖ Written procedure, protocol, or a detailed flow chart which includes a description of the decision process and the identification and contact information for final decision maker, <b>AND,</b></li> <li>❖ Sample of case write-ups, screen prints or reports that indicate the staff have implemented the protocols correctly and in the required timeframes.</li> </ul>	
CD 3 <b>4</b> CD L 3.5.4	An annual evaluation of a sample of communicable disease investigations is done to monitor timeliness and compliance with disease-specific protocols.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Documentation of audits or review of case files such as checksheets or summary reports of audit results, including evaluation of timeliness and steps in case investigations.</li> </ul>	
CD 3 <b>5</b> CD L 3.6.5	LHJs identify key performance measures for communicable disease investigation and enforcement actions.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ List or documentation in meeting summary or report of key measures</li> </ul>	

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		that will be used to monitor CD investigation and enforcement.	
CD 3 <span style="border: 1px solid black; padding: 0 2px;">6</span> CD L 3.7.6	Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes.	Compliance with this measure can be demonstrated through: ❖ Knowledge and skill in investigation included in job requirements or in staff resumes, or attendance records for investigation skill development.	

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*COMMUNICABLE DISEASE Standard 4: Urgent public health messages are communicated quickly and clearly and actions are documented.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
CD 4 <b>1</b> CD L 4.1.1	Information is provided through public health alerts to key stakeholders and press releases to the media.	Compliance with this measure can be demonstrated through: ❖ Copies of health alerts sent to providers and other key stakeholders such as hospitals and public safety agencies within last 24 months, <b>AND</b> , ❖ Copy of at least 1 related press release.	NOTE: If no incidents of health alerts in last 24 months, may be N/A.
CD 4 <b>2</b> CD L 4.2.2	A current contact list of media and providers is maintained and updated at least annually. This list is in the communicable disease manual and at other appropriate departmental locations.	Compliance with this measure can be demonstrated through: ❖ Phone lists are current (updated w/in 12 months) and available in the CD manual and other locations within facility. Must include all three types of contacts; media, providers, and other contacts.	
CD 4 <b>3</b> CD L 4.4.3	Roles are identified for working with the news media. Policies identify the timeframes for communication and the expectations of all staff regarding information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts and media releases.	Compliance with this measure can be demonstrated through: ❖ Protocols or procedures describing <ul style="list-style-type: none"> <li>• specific roles for working with the media,</li> <li>• process to assure accuracy and clarity of communications,</li> <li>• timeframes for communications, and</li> </ul>	

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		<ul style="list-style-type: none"> <li>the expectations of various staff positions for communications with the media.</li> </ul>	
CD 4 <sup>4</sup> CD L 4.7.4	Staff who have lead roles in communicating urgent messages have been trained in risk communications.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ List or other identification of staff who have lead roles in communicating urgent messages, <b>AND,</b></li> <li>❖ Agendas and/or documentation (training logs, CE tracking) of these staff members receiving training in risk communication.</li> </ul>	

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*COMMUNICABLE DISEASE Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
CD 5 <b>1</b> CD L 5.2.1	An evaluation for each significant outbreak response documents what worked well and what process improvements are recommended for the future. Feedback is solicited from appropriate entities, such as hospitals and providers. Meetings are convened to assess how the outbreak was handled, identify issues and recommend changes in response procedures.	Compliance with this measure can be demonstrated through: ❖ List of outbreaks within last 24 months with related documentation of evaluation that includes conclusions of what went well and what could be improved, <b>AND</b> , ❖ Meeting agendas and minutes or summaries indicating input from appropriate entities in identifying issues and recommending changes.	NOTE: If no incident of disease outbreak in last 24 months, may be N/A.
CD 5 <b>2</b> CD L 5.3.2	Findings and policy recommendations for effective response efforts are included in reports to the BOH.	Compliance with this measure can be demonstrated through: ❖ BOH meeting agendas and minutes, reports, or summaries describe outbreak evaluation issues and recommended changes for response efforts.	NOTE: If no incident of disease outbreak in last 24 months, may be N/A.
CD 5 <b>3</b> CD L 5.4.3	Local protocols are revised based on local review findings and model materials disseminated by DOH.	Compliance with this measure can be demonstrated through: ❖ At least one protocol that has been revised in last 12 months, either by implementing improvement recommendations or by adopting DOH model protocol.	NOTE: If no incident of disease outbreak in last 24 months, may be N/A.

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CD 5 <b>4</b> CD L 5.5.4	Issues identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs.	Compliance with this measure can be demonstrated through: ❖ Current CD program goals and objectives include at least one issue or key indicator identified through prior outbreak evaluations.	NOTE: If no incident of disease outbreak in last 24 months, may be N/A.
CD 5 <b>5</b> CD L 5.7.5	Staff training in communicable disease and other health risk issues is documented.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation (training logs, CE tracking) of these staff members receiving training in communicable disease and other health risks.	
CD 5 <b>6</b> CD L 5.8.6	A debriefing process for review of response to public health threats or disease outbreaks is included in the quality improvement plan and includes consideration of surveillance, staff roles, investigation procedures, and communication.	Compliance with this measure can be demonstrated through: ❖ Quality improvement work plan, action plans to improve performance or other documentation includes a process for reviewing overall responses to outbreaks, including: <ul style="list-style-type: none"> <li>• Surveillance activities,</li> <li>• staff roles,</li> <li>• investigation procedures, and</li> <li>• communication mechanisms.</li> </ul>	NOTE: If no incident of health threat or disease outbreak in last 24 months, may be N/A.

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## Assuring a Safe, Healthy Environment for People: Standards for Environmental Health

*ENVIRONMENTAL HEALTH Standard 1: Environmental health education is a planned component of public health programs.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
EH 1 <b>1</b> EH L 1.1.1	Information is available about environmental health educational programs through brochures, flyers, newsletters, websites and other mechanisms.	Compliance with this measure can be demonstrated through: ❖ A sample of brochures, flyers, website screen prints, and other material describe the range of educational offerings available through the local EH program. Consultants will review at least 1, but not more than 3 examples for the EH program.	
EH 1 <b>2</b> EH L 1.2.2	There are documented processes for involving community members and stakeholders in addressing environmental health issues including education and the provision of technical assistance.	Compliance with this measure can be demonstrated through: ❖ Procedure, protocol or detailed flowchart describing meetings or other mechanisms which are conducted to address environmental health issues and how community members are involved.	
EH 1 <b>3</b> EH L 1.5.3	A plan for environmental health education exists and includes goals, objectives and learning outcomes.	Compliance with this measure can be demonstrated through: ❖ Documented environmental health education plan including topics, intended audiences, and intended dates for 2002 with goals and objectives or learning outcomes for each topic presented.	

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EH 1 <b>4</b> EH L 1.6.4	The environmental health education plan identifies performance measures for education programs. There is an evaluation process for health education offerings that is used to revise curricula.	Compliance with this measure can be demonstrated through: ❖ List or documentation in meeting summary or report of key measures that will be used to evaluate environmental health education sessions, <b>AND</b> , ❖ Program evaluation summaries, progress reports, summaries of analysis, or meeting minutes and materials demonstrate that key measure data are used in revising EH curricula.	
EH 1 <b>5</b> EH L 1.7.5	Staff members conducting environmental health education have appropriate skills and training.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation (training logs, CE tracking) of staff training for health education skills, or ❖ Documentation in staff resumes that demonstrate that staff members have training or experience in health education.	

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*ENVIRONMENTAL HEALTH Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
EH 2 <b>1</b> EH L 2.1.1	Information is provided to the public on how to report environmental health threats or public health emergencies, 24 hours a day; this includes a phone number.	Compliance with this measure can be demonstrated through: ❖ Published phone number, or instruction sheet on when/how to contact, distribution list, and date of last distribution, or ❖ Policy or procedure statements which include the above.	
EH 2 <b>2</b> EH L 2.2.2	Appropriate stakeholders are engaged in developing emergency response plans. Following an emergency response to an environmental health problem or natural disaster, stakeholders are convened to review how the situation was handled, and this debriefing is documented with a written summary of findings and recommendations.	Compliance with this measure can be demonstrated through: ❖ Minutes of meetings or committee/task force summary reports indicating community involvement in: • developing emergency response plans, <b>AND</b> , • reviewing emergency responses to an event or disaster.	
EH 2 <b>3</b> EH L 2.4.3	Procedures are in place to monitor access to services and to evaluate the effectiveness of emergency response plans. Findings and recommendations for emergency response policies are included in reports to the BOH.	Compliance with this measure can be demonstrated through: ❖ Policies or procedures describing the plan for monitoring access, or ❖ Reports showing results of monitoring access to services during an environmental event or disaster, <b>AND</b> ❖ Summaries, meeting minutes,	

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		and/or reports of emergency responses with evaluation of the effectiveness of the response and actions plans have been presented to the BOH.	
EH 2 <b>4</b> EH L 2.5.4	There is a plan that describes LHJ internal roles and responsibilities for environmental events or natural disasters that threaten the health of the people. There is a clear link between this plan and other local emergency response plans.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Policy, procedure, or plan that describes the LHJ roles and responsibilities for environmental events or natural disasters. The roles should consider some combination of the following: <ul style="list-style-type: none"> <li>• include title and contact # for responsible lead and back-up with authority for assigning responsibility,</li> <li>• preparedness and prevention planning and training,</li> <li>• communication plan with alternate measures, <b>AND</b>,</li> <li>• clearly stated link to other local agency emergency preparedness plans.</li> </ul> </li> </ul>	
EH 2 <b>5</b> EH L 2.7.5	Key staff members are trained in risk communication and use of the LHJ emergency response plan.	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Agendas and/or documentation (training logs, CE tracking) of staff training for risk communication and use of LHJ emergency plans or roles.</li> </ul>	

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*ENVIRONMENTAL HEALTH Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded and reported.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
EH 3 <b>1</b> EH L 3.2.1	Environmental health data is available for community groups and other local agencies to review.	Compliance with this measure can be demonstrated through: ❖ Reports on EH data or summaries of EH information, <b>AND</b> ❖ Documentation of how the information is accessible to the community.	
EH 3 <b>2</b> EH L 3.6.2	A surveillance system is in place to record and report key indicators for environmental health risks and related illnesses. Information is tracked and trended over time to monitor trends. A system is in place to assure that data is shared routinely to local, state and regional agencies.	Compliance with this measure can be demonstrated through: ❖ Documentation describing how health risks and related illnesses are recorded and reported, such as report summaries, protocols, or flowcharts. These must include trended data for: a) key indicators, and b) related illnesses, <b>AND</b> ❖ Evidence of routine distribution of the trended data to other agencies, including state and federal programs. Routine distribution is at least annual or more frequently.	
EH 3 <b>3</b> EH L 3.8.3	A quality improvement plan includes consideration of environmental health information and trends, findings from public input, evaluation of health	Compliance with this measure can be demonstrated through: ❖ Quality improvement work plan, or action plans to improve	

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	education offerings, and information from compliance activity.	<p>performance includes activities based on:</p> <ul style="list-style-type: none"> <li>• environmental health information and trends,</li> <li>• findings from public input,</li> <li>• evaluation of health education offerings, and</li> <li>• information from compliance activity.</li> </ul>	
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*ENVIRONMENTAL HEALTH Standard 4: Compliance with public health regulations is sought through enforcement actions.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
EH 4 <b>1</b> EH L 4.1.1	Written policies, local ordinances, laws and administrative codes are accessible to the public.	Compliance with this measure can be demonstrated through: ❖ Brochures, flyers, or hard copies of online access to policies, ordinances, WACs and RCWs demonstrate that all four types of information are available to the public.	
EH 4 <b>2</b> EH L 4.4.2	Compliance procedures are written for all areas of environmental health activity. The procedures specify the documentation requirements associated with enforcement action. Documentation demonstrates that environmental health work conforms with policies, local ordinances and state statutes.	Compliance with this measure can be demonstrated through: ❖ Written procedures describing the expectations for compliance and for documentation requirements for specific enforcement actions are present for all services, <b>AND</b> ❖ Documentation of audits or review of case files such as checksheets or summary reports of audit results, including evaluation of conformance with policies, local ordinances and state statutes.	
EH 4 <b>3</b> EH L 4.5.3	There is a documented process for periodic review of enforcement actions.	Compliance with this measure can be demonstrated through: ❖ Documentation describing the process for evaluating enforcement actions, <b>AND</b> ❖ Documents (i.e. meeting summaries, reports, action plans)	

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		indicating the results of the evaluation for effectiveness of enforcement actions.	
EH 4 <b>4</b> EH L 4.6.4	An environmental health tracking system enables documentation of the initial report, investigation, findings, enforcement, and subsequent reporting to other agencies as required.	Compliance with this measure can be demonstrated through: ❖ Electronic tracking system or other type of tracking system is used to document the following components of an event, including: <ul style="list-style-type: none"> <li>• initial report,</li> <li>• investigation actions,</li> <li>• investigation findings,</li> <li>• enforcement actions, and</li> <li>• subsequent reporting to other agencies, as required.</li> </ul>	
EH 4 <b>5</b> EH L 4.7.5	Environmental health staff members are trained on compliance procedures, as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation (training logs, CE tracking) of staff training for compliance procedures.	

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## Prevention is Best: Promoting Healthy Living: Standards for Prevention and Community Health Promotion

*PREVENTION AND PROMOTION Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
PP 1 <b>1</b> PP L 1.2.1	Prevention and health promotion priorities are selected with involvement from the BOH, community groups and other organizations interested in the public's health.	Compliance with this measure can be demonstrated through: ❖ Written prevention policies describe the priorities and how the BOH and other community groups contributed to them, or ❖ Documents (i.e. meeting minutes or attendance sheets) indicating the participation of BOH members, community members and/or special interest group members.	
PP 1 <b>2</b> PP L 1.3.2	Prevention and health promotion priorities are adopted by the BOH, based on assessment information, local issues, funding availability, program evaluation, and experience in service delivery, including information on best practices or scientific findings.	Compliance with this measure can be demonstrated through: ❖ Documents (i.e. BOH meeting minutes or report summaries) indicate date (within last 12 months) of adoption of priorities by the BOH, <b>AND</b> , ❖ Summarize the information the BOH reviewed as part of the adoption process including: • assessment information, • local issues, • funding availability,	

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		<ul style="list-style-type: none"> <li>• program evaluation, and experience in service delivery, including information on best practices or scientific findings.</li> </ul>	
PP 1 <b>3</b> PP L 1.5.3	Prevention and health promotion priorities are reflected in the goals, objectives and performance measures of the LHJ's annual plan. Data from program evaluation and key indicators is used to develop strategies.	Compliance with this measure can be demonstrated through: <ul style="list-style-type: none"> <li>❖ List or documentation in LHJ's annual plan of key measures that will be used to evaluate prevention and health promotion services that reflect the adopted priorities, <b>AND</b>,</li> <li>❖ Program evaluation summaries, progress reports, or summaries of analysis demonstrate that key measure data are used as part of the process to develop prevention and health promotion strategies.</li> </ul>	

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*PREVENTION AND PROMOTION Standard 2: Active involvement of community members is sought in addressing prevention priorities.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
PP 2 <b>1</b> PP L 2.2.1	The LHJ provides leadership in involving community members in considering assessment information to set prevention priorities.	Compliance with this measure can be demonstrated through: ❖ Documentation describes how the LHJ seeks community involvement, (i.e. which groups are to be contacted and how many members should participate), for discussions of assessment information to establish priorities, or ❖ Meeting minutes or summaries include discussions with community members led by LHJ directors regarding assessment information to establish prevention priorities.	
PP 2 <b>2</b> PP L 2.2.2	A broad range of community partners takes part in planning and implementing prevention and health promotion efforts to address selected priorities for prevention and health promotion.	Compliance with this measure can be demonstrated through: ❖ Meeting minutes, attendance lists, action plan summaries, or implementation reports indicate participation of more than 2 community partners ( i.e. schools, health care providers, hospitals, RSNs, or CPS) in meetings to plan P&P activities.	

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PP 2 <b>3</b> PP L 2.7.3	Staff members have training in community mobilization methods as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation of staff training, such as training logs, CE tracking, or staff evaluations, in community mobilization methods.	
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*PREVENTION AND PROMOTION Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
PP 3 <b>1</b> PP L 3.1.1	Summary information is available to the public describing preventive services available in the community. This may be produced by a partner organization or the LHJ, and it may be produced in a paper or web-based format.	Compliance with this measure can be demonstrated through: ❖ Community resources list or summary sheet indicating prevention services, or ❖ Online resources reference including prevention services.	
PP 3 <b>2</b> PP L 3.6.2	Local prevention services are evaluated and a gap analysis that compares existing community prevention services to projected need for services is performed periodically and integrated into the priority setting process.	Compliance with this measure can be demonstrated through: ❖ Summaries and/or reports evaluating the effectiveness of prevention programs, <b>AND</b> , ❖ Documentation of an analysis of the gap in services compared to projected need for services at least once in last 12 months, <b>AND</b> , ❖ Documentation indicates gap analysis results are used as part of priority setting process.	
PP 3 <b>3</b> PP L 3.5.3	Results of prevention program evaluation and analysis of service gaps are reported to local stakeholders and to peers in other communities.	Compliance with this measure can be demonstrated through: ❖ Summaries and/or reports evaluating the effectiveness of prevention programs, <b>AND</b> , ❖ Documentation of an analysis of the	

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		gap in services, <b>AND</b> ❖ Documentation of distribution to local community groups of prevention program evaluation summaries (i.e. flyers, newsletters, online screen prints)	
PP 3 <b>4</b> PP L 3.7.4	Staff have training in program evaluation methods as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation of staff training, such as training logs, CE tracking, or staff evaluations, in program evaluation methods.	
PP 3 <b>5</b> PP L 3.8.5	A quality improvement plan incorporates program evaluation findings, evaluation of community mobilization efforts, use of emerging literature and best practices and delivery of prevention and health promotion services.	Compliance with this measure can be demonstrated through: ❖ Quality improvement work plan, or action plans to improve performance includes activities based on: <ul style="list-style-type: none"> <li>• program evaluation findings,</li> <li>• evaluation of community mobilization efforts,</li> <li>• use of emerging literature and best practices, and</li> <li>• delivery of prevention and health promotion services.</li> </ul>	

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*PROMOTION AND PREVENTION Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
PP 4 <b>1</b> PP L 4.3.1	Prevention priorities adopted by the BOH are the basis for establishing and delivering prevention, early intervention and outreach services.	Compliance with this measure can be demonstrated through: ❖ BOH minutes or summary reports demonstrate adoption of prevention priorities, <b>AND</b> , ❖ Descriptions of prevention, early intervention and outreach services and programs reflect these priorities.	
PP 4 <b>2</b> PP L 4.4.2	Early intervention, outreach and health education materials address the diverse local population and languages of the intended audience. Information about how to select appropriate materials is available to and used by staff.	Compliance with this measure can be demonstrated through: ❖ Reports or summaries describe the demographics of the local population, <b>AND</b> ❖ At least 2 examples of health education information in appropriate languages for specific populations, <b>AND</b> , ❖ Instructions to or documentation of training of staff regarding selection and use of the materials.	
PP 4 <b>3</b> PP L 4.5.3	Prevention programs collect and use information from outreach, screening, referrals, case management and follow-up for program improvement. Prevention programs, provided directly or by contract, are evaluated	Compliance with this measure can be demonstrated through: ❖ Examples of prevention program summaries contain data that are collected through various sources including; outreach, referral,	

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	against performance measures and incorporate assessment information. The type and number of prevention services are included in program performance measures.	screening, case management, and follow-up, <b>AND</b> , ❖ Documentation of program evaluation, at least once in the last 12 months, using established performance goals and relevant assessment information, including the type and number of prevention services.	
PP 4 [4] PP L 4.7.4	Staff providing prevention, early intervention or outreach services have appropriate skills and training as evidenced by job descriptions, resumes or training documentation.	Compliance with this measure can be demonstrated through: ❖ Knowledge and skill in providing prevention, early intervention or outreach services is included in job requirements or in staff resumes, or ❖ Attendance records for training sessions in these 3 topics.	

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*PREVENTION AND PROMOTION Standard 5: Health promotion activities are provided directly or through contracts.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
PP 5 <b>1</b> PP L 5.1.1	Health promotion activities are provided directly by LHJs or by contractors and are intended to reach the entire population or at-risk populations in the community.	Compliance with this measure can be demonstrated through: ❖ Documentation of LHJ health promotion program or contract for promotion services from vendor describes: <ul style="list-style-type: none"> <li>the services provided or contracted for, and,</li> <li>specific population that each component of the health promotion program is intended to reach.</li> </ul>	
PP 5 <b>2</b> PP L 5.4.2	Procedures describe an overall system to organize, develop, distribute, evaluate, and update health promotion materials. Technical assistance is provided to community organizations, including “train the trainer” methods.	Compliance with this measure can be demonstrated through: ❖ Written procedures describe the systematic approach to health promotion information, including the development, distribution, evaluation, and revision process, <b>AND</b> , ❖ Records indicating training and/or materials for health promotion has been provided to community organizations in the last 12 months.	
PP 5 <b>3</b> PP L 5.5.3	Health promotion efforts have goals, objectives and performance measures. The number and type of health promotion activities are	Compliance with this measure can be demonstrated through: ❖ Documentation of the goals, objectives, and key measures that	

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	<p>tracked and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula.</p>	<p>will be used to evaluate health promotion services, <b>AND</b>,</p> <ul style="list-style-type: none"> <li>❖ Reports or summaries of monitoring of key measures, including number and type of health promotion activities, information on content, target audience, and number of attendees, <b>AND</b>,</li> <li>❖ Program evaluation summaries, progress reports, or summaries of analysis demonstrate that key measure data are used as part of the process to improve the programs or to revise health promotion curricula.</li> </ul>	
<p>PP 5 <b>4</b></p> <p>PP L 5.7.4</p>	<p>Staff members have training in health promotion methods as evidenced by training documentation.</p>	<p>Compliance with this measure can be demonstrated through:</p> <ul style="list-style-type: none"> <li>❖ Agendas and/or documentation of staff training, such as training logs, CE tracking, or staff evaluations, in health promotion methods.</li> </ul>	

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## Helping People Get the Services They Need: Standards for Access to Critical Health Services

*ACCESS Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.*

	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AC 1 <b>1</b> AC L 1.1.1	Up-to-date information on local critical health services is available for use in building partnerships with community groups and stakeholders.	Compliance with this measure can be demonstrated through: ❖ Documentation describes the set of critical health services (CHS) being tracked by the LHJ, and results of assessing access to these CHS at least annually, <b>AND</b> , ❖ An example of use in meetings with community groups.	
AC 1 <b>2</b> AC L 1.4.2	LHJ staff and contractors have a resource list of local providers of critical health services for use in making client referrals.	Compliance with this measure can be demonstrated through: ❖ Resource list, booklet, or online listing of local providers is readily available to staff, <b>AND</b> , ❖ An example of use in client referrals.	
AC 1 <b>3</b> AC L 1.5.3	The list of critical health services is used along with assessment information to determine where detailed documentation of local capacity is needed.	Compliance with this measure can be demonstrated through: ❖ Documentation, such as meeting minutes or analysis summaries, describes the results of comparing the current level of access to CHS to the needed level for access and the conclusions regarding need for further assessment of capacity.	

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*ACCESS Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AC 2 <b>1</b> AC L 2.6.1	Data tracking and reporting systems include key measures of access. Periodic surveys are conducted regarding the availability of critical health services and barriers to access.	Compliance with this measure can be demonstrated through: ❖ Documentation identifies which of the services from the critical health services (CHS) “menu” are being tracked by the LHJ. The identified CHS have been assessed to quantify the local availability of CHS at least annually and results summarized in a report, <b>AND</b> , ❖ Documentation indicates the LHJ has conducted an analysis to identify the current, local barriers to access to the identified CHS.	
AC 2 <b>2</b> AC L 2.5.2	Gaps in access to critical health services are identified using periodic survey data and other assessment information.	Compliance with this measure can be demonstrated through: ❖ Documentation, such as reports or analysis summaries, describes the results of comparing the current level of access to CHS and needed level for access to CHS.	
AC 2 <b>3</b> AC L 2.3.3	The BOH receives summary information regarding access to critical health services at least annually.	Compliance with this measure can be demonstrated through: ❖ Summary reports describe the availability or restriction of access	

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		for the critical health services, <b>AND,</b> ❖ BOH meeting minutes or packets demonstrate these reports or summaries have been reviewed by the BOH within last 12 months.	
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*ACCESS Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AC 3 <sup>1</sup> AC L 3.2.1	Community groups and stakeholders, including health care providers, are convened to address access to critical health services, set goals and take action, based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ.	Compliance with this measure can be demonstrated through: ❖ Meeting minutes or report summaries indicate the participation of providers and community members to address access, set goals and take action to improve access to critical health services, <b>AND</b> ❖ Meeting packets or summaries reflect the use of information about local resources and CHS availability trends to address critical services access.	
AC 3 <sup>2</sup> AC L 3.2.2	Coordination of critical health service delivery among health providers is reflected in the local planning processes and in the implementation of access initiatives.	Compliance with this measure can be demonstrated through: ❖ Critical health services action plans or summaries of progress on access initiatives describing coordination activities among providers, or ❖ LHJ planning meeting minutes or summaries demonstrating coordination of access to critical health services including participation of health providers.	

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AC 3 <b>3</b>  AC L 3.5.3	Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives, and performance measures.	Compliance with this measure can be demonstrated through: ❖ List or documentation in LHJ planning documents of the specific initiatives established to improve access to CHS, <b>AND</b> , ❖ Progress reports or summaries of analysis of local access to those CHS selected for improvement with documentation of the goals, objectives, and measurements of performance for those CHS.	NOTE: This measure may be “N/A” if no specific initiatives have been selected by the LHJ.
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*ACCESS Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored and reported.*

Number	Measure	Some Examples of Ways to Meet the Measure	Documents Provided to Demonstrate Compliance (best examples)
AC 4 <b>1</b> AC L 4.8.1	Clinical services provided directly by the LHJ or by contract have a written quality improvement plan including specific quality-based performance or outcome measures. Performance measures are tracked and reported.	Compliance with this measure can be demonstrated through: ❖ Written quality improvement plan for the LHJ includes a listing of the clinical services provided directly or through a contract, and appropriate performance or outcome measures for each service. The plan is current as shown by adoption or revision within the last 12 months, <b>AND</b> , ❖ Documentation of the monitoring of clinical services performance measures at regular intervals with results reported to appropriate entities at least once in last 12 months.	NOTE: This measure will be “N/A” if the LHJ does not provide clinical services directly or through contract.
AC 4 <b>2</b> AC L 4.7.2	Staff members are trained in quality improvement methods as evidenced by training documentation.	Compliance with this measure can be demonstrated through: ❖ Agendas and/or documentation of staff training, such as training logs, CE tracking, or staff evaluations, in health promotion methods.	

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